Documentation Guidelines for Attention Deficit Disorder

Documentation should state a diagnosis and the functional limitations of the disability within an educational setting. Typically, it should be printed or typed on official letterhead or on an SDS documentation form, and be completed and signed by an evaluator qualified to make the diagnosis. Documentation from family members, even if qualified professionals, cannot be accepted.

The following is a guideline, if needed, for submitting documentation to establish eligibility for accommodations and support services through SDS. Other forms of documentation are often accepted. Students who currently hold documentation are encouraged to contact SDS for a brief discussion as to whether or not additional documentation is needed.

Please answer the following questions relative to this student’s diagnosis of Attention Deficit Disorder.

Student’s name: _____________________________________________ DOB: ______________________________________

1. Diagnosis (DSM5 or ICD):
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

   Level of severity (circle one):    Mild               Moderate             Severe

   Date of initial diagnosis ___________________   Date of last contact with student ________________

   How often do you meet with this student? ________________________________________________

2. Does this condition substantially limit the student’s ability to function on campus?
   Yes _____ No _______

   Please describe the functional limitations and recommendations you might wish to suggest:

   Functional Limitation:                                   Recommendations:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

(OVER)
3. Was medication prescribed? _________________________________________________________
   Amount and frequency of administration: ____________________________________________
   Frequency of monitoring: __________________________________________________________
   Response to medication: ____________________________________________________________

4. Please provide any additional information relevant to the student’s level of functioning within the university setting. This could include co-morbid diagnoses.
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

CERTIFYING LICENSED CLINICIAN #____________________________________________________

Signature: ________________________________________________________________________
Printed name and title: __________________________________________________________________
Address: __________________________________________________________________________

Daytime telephone number: ___________________________________________________________
Date: ______________________________________________________________________________

Return this information marked confidential to:

Student Disability Services
Jordan Hall 136
Butler University
Indianapolis, IN 46208
Email: sds@butler.edu (email account that can be accessed only by SDS staff members)
Fax: 317-940-9036 (located directly within the SDS office suite)

*Available in alternative format upon request.*